# ***Innovative Workforce Practices & Partnerships***

***Lifting Promising Practices Challenge***

# **Application Template - Health Center Innovative Practices**

Use the following form to submit your health center’s innovative promising practice and partnership.

Health Center HRSA Approved Name:

Health Center DBA *(if different than above)*:

Point of Contact (POC) Full Name:

POC Email:

POC Title:

CEO/President Full Name:

CEO/President Email:

Describe the workforce promising practice your health center has. (250 Words)

Please select the focus area(s) of your program:

Recruitment

Retention

Development

Other: \_\_\_\_

How long has your program been active?

Number of staff currently involved in implementing the program:

How does the health center measure the impact of the program, please share any relevant data concerning these impacts (quantitative or qualitative)? (250 Words)

Why do you consider this program innovative or new to your health center? (250 Words)

Please describe how this program can be replicated and adapted by other health centers (limit 250 words)